Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Agency's Name: Home Instead Senior Care #727	CHAPTER 700
Address: 1600 Kapiolani Boulevard, Suite 212, Honolulu, Hawaii 96814	Inspection Date: April 30, 2021 Initial (Office) and May 3, 2021 (Home)

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

WITHOUT YOUR RESPONSE.

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RULES (CRIT	RIA) PLAN OF CORRECTION	Completion Date
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PART 2 A supervisor shall develop with the client or the client's representative, to both, a service plan for home care services, which shall be signed by the supervisor and the client or the client's representative and incorporated into the client's record. FINDINGS Clients #1, #2, #3, and #4- Service plan on file was not signed by the supervisor and the client or client's representative. The Specific plan to be require the deficient proclice cuil not receive is, up on Signing the Corporate that it to representative. The Specific plan to be required the deficient proclice cuil not receive is, up on Signing the Corporate that albust the client of those Instead Service albust the client of the Corporate that client or client's representative on a service plan is signed by the supervisor and the client representative on the client client for plan is signed by the supervisor and the client representative on the client's record. To mention this progress, Administrator and office Narger and until the service will not autor at Strice to Eagle until the service will not autor at Strice to Eagle until the service will not autor at Strice to Eagle until the service will not autor at Strice to Eagle until the service will not autor at Strice to Eagle until the service will not autor at Strice to Eagle until the service will not autor at Strice to Eagle until the service will not autor at Strice to Eagle until the service will not autor at Strice to Eagle until the service will not autor at Strice to Eagle until the service will not autor at Strice to Eagle until the service and until the service will not autor at Strice to Eagle until the service will not autor at Strice to Eagle until the service will not autor at Strice to Eagle until the service will not autor at Strice to Eagle until the service will not autor at Strice to Eagle until the service will not autor at Strice to Eagle until the service will not autor at Strice to Eagle until the service will not autor at Eagle until the service will not autor at Eag		RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature:	FRA Solm
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Date: <u>6</u> /	112021

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